

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060286

**Entity Name:** ESCAPE NAIL SPA BY ANH, LLC

**Current Principal Place of Business:**

4331 AIDAN LN  
NORTH PORT, FL 34287

**Current Mailing Address:**

4331 AIDAN LN  
NORTH PORT, FL 34287

**FEI Number:** 26-2839220

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NGUYEN, ANH QUOC  
17247 TAMIAMI TRAIL  
NORTH PORT, FL 34287 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ANH QUOC NGUYEN

02/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NGUYEN, ANH QUOC  
Address 5521 BURNT BRANCH CIR  
City-State-Zip: SARASOTA FL 34232

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANH QUOC NGUYEN

MGRM

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date